



LOS ANGELES COUNTY COMMISSION ON HIV

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COMMISSION ON HIV MEETING MINUTES May 12, 2011

APPROVED
6/9/2011

| MEMBERS PRESENT | MEMBERS ABSENT | PUBLIC (cont.) | OAPP/HIV EPI STAFF |
|----------------------------------|-----------------------------------|-------------------------------------|---|
| Carla Bailey, <i>Co-Chair</i> | Anthony Braswell | Susan Kakimi | Kyle Baker |
| Michael Johnson, <i>Co-Chair</i> | Whitney Engeran-Cordova | Ayanna Kiburi (<i>by phone</i>) | Carlos Vega-Matos |
| Sergio Aviña | Douglas Frye | Jennifer Lee | Amy Wohl |
| Al Ballesteros | Jenny O'Malley | Kevin Lewis | Juhua Wu |
| Robert Butler | Stephen Simon | Mary Madrigal | |
| Fredy Ceja | Tonya Washington-Hendricks | Ingcio Marchus | |
| Nettie DeAugustine | Jocelyn Woodard/ Robert Sotomayor | Wilma Montgomery | COMMISSION STAFF/CONSULTANTS |
| David Giugni | Fariba Younai | Kietz Mutepfa | |
| Jeffrey Goodman | | Michelle Roland (<i>by phone</i>) | Dawn McClendon |
| Joseph Green | | Tania Rodriguez | Jane Nachazel |
| Thelma James | PUBLIC | Ricki Rosales | Glenda Pinney |
| Lee Kochems | Noel Alumi | Lorraine Ruiz | James Stewart |
| Bradley Land | H. Avilez | Thuong Tang | Craig Vincent-Jones |
| Ted Liso/James Chud | Camile Crespo | Nick Truong | Nicole Werner |
| Anna Long | Daisy Cruz | Brigitte Tweddell | |
| Abad Lopez | Zoyla Cruz | Sharon White | |
| Elizabeth Mendia | Phil Curtis | Maria Zepeda | |
| Quentin O'Brien | Melissa Dorsainville | | |
| Alberto Orozco/David Kelly | Miguel Fernandez | | |
| Dean Page/Terry Goddard | Susan Forrest | | |
| Angélica Palmeros | Aaron Fox | | |
| Mario Pérez | Shawn Griffin | | |
| Karen Peterson | Tim Hughes | | |
| Juan Rivera | Miki Jackson | | |
| Kathy Watt | Alejandrina Jarado | | |

- CALL TO ORDER:** Mr. Johnson called the meeting to order at 9:15 am.
A. Roll Call (Present): Aviña, Ballesteros, Ceja, DeAugustine, Giugni, Goodman, Green, James, Johnson, Land, Liso, Long, Lopez, Mendia, Orozco, Page, Pérez, Peterson, Rivera, Watt
- APPROVAL OF AGENDA:**
MOTION 1: Approve Agenda Order (*Passed by Consensus*).
- APPROVAL OF MEETING MINUTES:**
MOTION 2: Approve minutes from the 4/14/2011 Commission on HIV meeting (*Passed by Consensus*).

4. CONSENT CALENDAR:

- A. Pol. #08.2107: Consent Calendar:** Mr. Stewart reviewed the process which allows motions not needing discussion to be approved as a whole. Anyone may “pull” any item for any reason; if an item is pulled, it will then be taken up at its regular place on the agenda.

MOTION 3: Approve the Consent Calendar with Motions 4, 5, 6, 9 and 13 pulled (*Passed by Consensus; 2 Abstentions, Item 12; 1 Abstention, Items 8, 10-11 and 14-19*).

5. PARLIAMENTARY TRAINING: Mr. Stewart noted effective objection to an item should include an alternative, such as amended language or another proposal.

6. PUBLIC COMMENT, NON-AGENDIZED:

- Mr. Alunit, Asian Pacific AIDS Intervention Team (APAIT), noted May is Asian and Pacific Islander (API) Heritage Month and 5/19/2011 is the national API AIDS Awareness Day. APAIT is the largest Southern California HIV/AIDS provider for the API community, and part of the Banyan Tree Project which offers HIV/AIDS education and fights stigma in the API community nationwide. Posters were on the resource table. For event information go to www.banyantreeproject.org.
- Mr. Page noted May is also Hepatitis C Awareness Month.
- Ms. Forrest reported registration for Coping with Hope, 5/19/2011, is full except for RNs and Pas, who can earn CEUs.
- The HIV Drug & Alcohol Task Force TranSolutions 5, 6/23/2011, is also full, but there is room at the adjacent Resource Fair. The all-day meeting at the California Endowment has substance abuse, mental health and community provider tracks.

7. COMMISSION COMMENT, NON-AGENDIZED: There were no comments.

8. PUBLIC/COMMISSION COMMENT FOLLOW-UP:

- Mr. Goodman requested a presentation on an editorial by the new Director of the Department of Health Services (DHS), Mitchell Katz. Dr. Katz, an HIV physician, supported transitioning HIV specialty care into primary care in his editorial in the Archives of Internal Medicine.
- Mr. Johnson reported he and Ms. Bailey met with Dr. Katz to welcome him and familiarize him with the Commission. He was invited to address the Commission and efforts are ongoing to coordinate with his schedule.

9. HEALTH CARE REFORM (HCR)/BRIDGE TO REFORM DISCUSSION:

- Mr. Johnson said the HCR Task Force meets every other Friday on pertinent questions. The next meeting will be 5/20/2011. It is also developing briefs on a general overview of HCR in the County and on the move of certain populations to managed care.
- He noted contracts to implement the Bridge to Reform are not yet done, but the Task Force is monitoring developments.
- The State meeting on Health Care Reform was cancelled by Executive Order. It has been rescheduled for 4/13/2011 by webinar. Work groups and assignments will be generated during the webinar. There is a 14-week plan to develop the summary outcome.

10. CO-CHAIRS' REPORT: There was no report.

11. EXECUTIVE DIRECTOR'S REPORT: There was no report.

12. STATE OFFICE OF AIDS (OA) REPORT:

A. Office of AIDS Work/Information:

- Ms. Kiburi, Chief, HIV Care Branch, confirmed the ban on all non-essential travel. Site monitoring visits have since been approved. The Los Angeles visit was already done with others being re-scheduled. Any travel now must be approved.
- The previously planned EIIHA meeting was cancelled due to the travel ban. The planning group of OA staff and a couple of Part B providers are working to reschedule the meeting as a webinar, much as was done with the HCR meeting.
- Based on HRSA communications, OA expects a 2010-2011 Part B award with a 0.2% rescission. The date is not known.
- Medi-Cal is sponsoring a series of webinars on changes related to Seniors and Persons with Disabilities (SPDs). OA is sending out an announcement on the Advisory Network and to a list of contractors.
- Dr. Roland, Director, OA, noted a question on 1115 Waiver impact on existing ADAP and other RW clients, including the proportion of clients transferring into Low Income Health Programs (LIHPs) and the estimate of ADAP savings.

- OA contacted the Department of Health Care Services (HCS) several months ago to discuss interaction of Ryan White (RW) and LIHPs. HCS requested guidance from their Federal partner, Centers for Medicare and Medicaid Services (CMS), on payer of last resort. HCS was told RW remains payer of last resort, but Medi-Cal has the status otherwise.
- Counties have also developed more cost information about LIHPs at their level. Not all relevant new cost information was included in most original proposals. HCS is speaking with CMS to elicit a more sophisticated definition of “payer of last resort.” If RW continues as payer of last resort, then counties cannot cover as many people in LIHPs since they will have ADAP-related costs. If not, there will be savings in the ADAP program. OA continues to follow-up on the issue.
- Mr. O’Brien noted if PWH are excluded from LIHPs they will not be part of network growth towards 2014 HCR, but loss of pharmaceutical funding could undercut overall LIHPs funding. He asked about options such as leaving ARVs on ADAP. Dr. Roland felt PWH could not be excluded from LIHPs. Options are being considered to address the problem noted.
- Mr. O’Brien said a practical aspect of LIHP contract implementation by counties is that RW providers are not required to be LIHP contractors. RW provider clients should not be forced to move to a LIHP as it would break continuity of care. Dr. Roland said initial discussions were to include requirements to apply for LIHP, much like Medi-Cal. Once the payer of last resort issue is settled, there can be discussion on how to accommodate continuity of care in screening.
- Mr. Land asked if the ADAP share-of-cost proposal in the Governor’s original budget was retained. Dr. Roland said she would not know until the May Revise is released. It will specify reductions and policy decisions associated with them.
- Mr. Vincent-Jones asked if OA could implement ADAP cost-sharing measures if the Governor’s budget included non-specific cost cuts to OA.. Dr. Roland responded budget cuts must be specific and that OA cannot independently implement program modifications; program changes are policy decisions that would be detailed in the budget.
- Mr. Pérez asked about a communication strategy on emerging issues, e.g., Medicaid expansion, LIHP and ADAP sustainability. Dr. Roland said OA was not equipped to discuss SPDs, but would keep in regular contact on other issues.
- Dr. Roland reported new CDC supplemental surveillance funding. The six-month grant to states is up to \$400,000 to improve the laboratory component of viral load and CD4 counts and up to \$60,000 for geocoding. OA is applying for a grant.
- ➡ Ms. Kiburi will send a list of Medi-Cal SPD-related webinars to Mr. Vincent-Jones and begin monthly OA written reports.
- ➡ Monthly reports will include legislative updates but, as bills change quickly, contact Theresa Harland for current status.
- ➡ Dr. Roland will send information on stakeholder calls to follow the 5/16/2011 May Revise.
- ➡ Dr. Roland will check to see if she can answer whether the May Revise includes ADAP revisions based on LIHPs savings.
- ➡ Email ideas on the ADAP-LIHP issue to Dr. Roland. She will respond and copy Jolin Colory, Branch Chief, LIHP, to incorporate new ideas into the ongoing discussion that includes others from Los Angeles and other jurisdictions.

B. California Planning Group (CPG):

- Mr. Goodman reported their May meeting was cancelled due to the travel ban. Co-Chairs have proposed a new work plan and communication methods for CPG and stakeholders.
- The draft work plan of 20-25 weeks includes epidemiology highlights, contextual analysis, prioritization methodologies, priorities for prevention and care, and a resource strategy to address priorities and measurable outcomes.
- The process is designed to be transparent, accept stakeholder input and a feedback loop for input.
- He encouraged everyone to sign up for the Advisory Network to ensure updates at www.oaadvisors.com.

13. OFFICE OF AIDS PROGRAMS AND POLICY (OAPP) REPORT:

- Mr. Pérez, Director, said OAPP looks to understand the potential impact of the May Revise. The State has issued preliminary funding levels effective 7/1/2011, but those are largely predicated on Federal resources for the State which are still unclear, e.g., there is still no final RW award for YR 21 and the effect of rescissions locally and to the State is uncertain.
- Mr. Vincent-Jones noted the award is usually received shortly after the Federal budget is passed and asked about the delay. Mr. Pérez replied OAPP was unsure, but both HRSA and the CDC had to submit expenditure reduction reports on 5/15/2011 to Health and Human Services (HHS) and, probably, the White House for approval.
- Once the budgets are approved, HRSA can revisit allocations based on the competitive applications. The process for HRSA and the CDC is similar, e.g., the CDC was asked to cut \$760 million and allowed to identify cuts. Cuts can be made across-the-board or hold some programs harmless. Once approved, cuts will roll out to states and local health departments.
- The County received a one-fourth CDC HIV prevention allocation through March and another through June. There is no commitment past 6/30/2011, but there will probably be a final award through December after budgets are approved.
- Mr. Pérez reported the Benefits Specialty RFP is on schedule for May release.

14. HIV EPIDEMIOLOGY PROGRAM (HEP) REPORT:

A. Barriers to Use of HIV Supportive Services:

- Dr. Wohl presented on Needs, Unmet Need and Barriers to Supportive Services for HIV-Infected Patients: Data from the CDC-Funded Medical Monitoring Project (MMP). She felt the subject especially relevant to Commission concerns as supportive services help PWH manage competing challenges and facilitate HIV disease management.
- MMP is a CDC-funded supplemental surveillance project to produce locally and nationally representative data on PWH in HIV care. Data are from face-to-face interviews with 333 PWH who were 18 or older and a patient at one of 25 randomly selected LAC HIV care providers during January to April of 2007 and 2008. Study objectives were to describe supportive service barriers, need and unmet need and examine factors associated with need and unmet need.
- Participants were asked about need, unmet need and barriers for over 16 supportive services developed as a national template by the CDC. Unmet need was defined as need for a service in the last 12 months that was not received.
- The study examined socio-demographic factors using bi-variate analyses and logistic regression. Descriptive analyses were done for combined unmet needs and barriers due to insufficient statistical power to address individual services.
- 71%, or 236, reported need for at least one supportive service with the top five needs overall: dental, 39%; HIV case management, 34%; mental health, 30%; transportation, 23%; social services, 21%.
- Proportionately, 87% of African-Americans (A-A) needed at least one service, with Latinos, 76%, and whites, 57%.
- Some significant differences by race/ethnicity are: A-A more likely to need HIV case management, shelter/housing and homemaker services than whites and Latinos, and more likely to need transportation than whites; Latinos are more likely to need meal/food assistance than whites, which is consistent with the SPNS project on young Latino and A-A MSM; and both A-A and Latinos are more likely to need dental services and HIV education than whites.
- 35%, or 83 PWH, of the 236 who needed a supportive service reported at least one unmet need. The majority with an unmet need were: Latino, 49%; male, 83%; 30+, 92%; gay/bisexual, 77%; US born, 63%; with less than high school education, 82%; unemployed, 54%; and with no history of injection drug use (IDU), 84%.
- Top five unmet needs were: shelter, 42%; dental, 30%; social services, 23%; homemaker services, 21%; mental health, 19%.
- Barriers resulting in unmet needs were: lacked information, 45%, e.g., does not know where to go; agency, 32%, e.g., system confusing, long wait list, not in area; financial/practical, 17%, e.g., too expensive, transportation; and other, 7%.
- The highest predictor for unmet need was gay/bisexual orientation at 2.8 times heterosexuals controlling for other factors. The next most predictive was homelessness in the past 12 months at 2.3 times those not homeless.
- Overall, A-A PWH were more likely to have supportive service needs than Latinos and whites. Low-income clients were also more likely to have such needs. Latinos were more likely to have basic subsistence needs than A-A and whites.
- Gay/bisexuals were more likely to have one or more unmet needs. More research is needed to better understand why to improve access and reduce barriers. Previous research indicates stigma reduction programs could help Latino MSM.
- Unmet need was greatest for shelter/housing and for assistance finding dental services. Main barriers reported mirror those reported in Northern California and suggest improvement is needed in disseminating information on availability and location of services and in more stream-lined, client-friendly service delivery.
- Data is limited by a low response rate of 40%, but demographic comparisons show few differences between participants and non-participants. MMP data is under-represented for A-A and those 18-29, and over-represented for Latinos and those with an AIDS diagnosis. Smaller sample sizes limit race/ethnicity analyses.
- The percentage of PWH in care who need supportive services and have unmet need is almost identical to the 15-year-old national HCSUS study estimate. The level of such services may well be insufficient to address demand.
- Mr. O'Brien noted there is some evidence A-A and Latinos have stigma associated with mental health. He asked if anything in the study addresses that. Dr. Wohl said no current question asks about stigma in accessing mental health.
- Ms. James suggested that wording of the housing questions should ensure people understand that house-surfing is not "housing."
- Mr. Liso noted he runs a support group and the most common problem raised is agency phone personnel who are uninformed or otherwise unable to help the client. He felt public contact staff should be certified. Ms. Palmeros added it was important to hire people with compassion. The rest can be taught.
- Ms. White asked about data for women. Dr. Wohl replied MMP data is collected annually and reflects the mainly male epidemic. Women's data is too small for viable analysis now, but should be viable once 2009 and 2010 data are added.
- Mr. Alumiit asked about API and Native Americans. Dr. Wohl responded the issue is the same as for women.
- Mr. Pérez asked if PWH were targeted in an HIV medical setting. Dr. Wohl replied they were.

- He continued that OAPP is responsible for ensuring high quality care and encouraged all to use the Grievance Line, (800) 260-8787, to report issues. He felt some issues raised were due to data age, but some were due to the system's design. Some Medical Outpatients (MO) providers offer only clinical services, some also provide a subset of supportive services, and others partner with a large cross-section of supportive services that are not co-located.
- Co-location promotes ease of access and facilitates accurate information. It is now the model in SPA 1.
- He added that funding for dental services has tripled since the study though significant need remains and additional resources are being explored. OAPP also did a "secret shopper" study last year that provided dental provider feedback.
- Ms. Watt felt phones should be answered by a person. Some clients are transients, so need information when they call. Mr. Vincent-Jones indicated that standards of care do not address initial patient contact, as it is an implementation issue that OAPP should address through contractual requirements.
- Mr. Vega-Matos said even OAPP has trouble reaching some providers with automated systems and is addressing it. Secret shopper efforts are expanding, but it is hard to monitor as call systems differ. Mary Orticke is also working to strengthen quality assurance with training, setting expectations, and consumer information from the Grievance Line.
- Mr. Land said phone response is key to access especially for the newly diagnosed who may be dissuaded from seeking care if responsiveness is poor. Ms. Watt suggested meeting with providers to identify impediments to better response.
- Mr. Chud noted a calling tree system will transfer an unanswered call to the next line within a set time and continue to access lines until a live person answers. It has motivated lower level staff to answer before it reaches higher level staff.
- Ms. DeAugustine noted study numbers are small with 83 people citing one or more reason for an unmet need. While important, it is also important not to over-react in setting policies and procedures based on that small number.
- Mr. Pérez noted several issues: customer service training, provider capacity, and demand on the system. Prevention is a key component to avert even more system stress, e.g., case managers now have 55 rather than 30 clients. Mr. Ballesteros added millions of dollars have left the system in the last two to three years, which compounds access issues.
- ➡ Refer problem with agency public contact staff to Consumer Caucus for development of recommendations to OAPP. Mr. Pérez welcomed any invitation to further explore the issue with the Consumer Caucus.
- ➡ Dr. Wohl will follow-up with Mr. Giugni on the MMP study definition of "social services."
- ➡ Add phone response issues to SOC agenda for review.

16. TASK FORCE REPORTS:

- A. Health Care Reform (HCR) Task Force:** There was no additional discussion.
- B. Comprehensive Care Planning (CCP) Task Force:**
 - Ms. Watt reported the CCP chose to conduct stakeholder interviews via Survey Monkey. The survey is being developed.
 - The group of about ten regular members is developing a comprehensive timeline and is ahead of schedule.
- C. Commission/PPC Integration Task Force:** Mr. Vincent-Jones reported the group met and decided to hold a one-half day meeting to complete the Testing and Linkage to Care Plus (TLC+) Plan. That meeting is being scheduled.
- D. Community Task Forces:** There were no reports.
- E. Latino Task Force:**
 - 1. Latino Task Force Work Plan:**

MOTION 6: Approve the formation of the Latino Caucus and the proposed FY 2011 Latino Caucus Work Plan *(Withdrawn)*.

17. PREVENTION PLANNING COMMITTEE (PPC) REPORT:

- Mr. Giugni reported the 5/5/2011 meeting opened with a colloquium on Native Americans/Alaskan Natives and HIV by Dr. Irene Vernon, Colorado State University. Mike Jansen, OAPP, also presented on spatial analysis of HIV and STDs with geocoding of 2009 cases. The information will aid Prevention Plan development by identifying disease burden locations.
- The PPC Transgender Task Force provided a review of their work highlighting HIV prevention to inform the Prevention Plan. The Task Force was formed in 2008 and asked to develop recommendations which were approved last year.
- The PPC approved the formation of the Asian Pacific Islander/Native American Ad Hoc Committee.
- Josh Riley, Community Co-Chair, is moving to Washington, D.C. Co-Chair nominations to replace him were opened.
- The nomination of Anthony Gutierrez was approved for PPC membership.
- ➡ Consider Mr. Jansen's presentation for presentation at the Commission.

18. CAUCUS REPORTS:

A. Consumer Caucus: Mr. Land noted Consumer Caucus meetings will resume 5/26/2011 at 12:00 noon.

1. Pol. #08.3107: Consumer Definitions:

- Mr. Land noted Pol. #08.3107 in the packet for simultaneous adoption and public comment. It reflects current definitions as consistent with RW legislation and Commission practice. Any comments can be incorporated and revisions made to the policy the following month.
- Mr. Goodman opposed approving a document prior to the completion of public comment.
- Mr. Page noted significant discussion on this subject at the last meeting, so supported approval.

MOTION 4: Approve Policy/Procedure #08.3107 (Consumer Definitions and Related Rules and Requirements) (**Passed: 21 Ayes; 1 Opposed; 0 Abstentions**).

2. Pol. #08.1306: HIPAA Requirements:

- Mr. Land also noted Pol. #08.1306 in the packet for simultaneous adoption and public comment. HIPAA has been discussed since 2007 in reference to the Los Angeles Coordinated HIV Needs Assessment (LACHNA) and planning.
- The approved Comprehensive Training Plan (CTP) includes HIPAA training and certification so Commissioners are aware of confidentiality issues, such as respecting consumers' right to decide what information to share. This is one of a variety of training components and associated policies that are being rolled out as training is activated.
- Mr. Vincent-Jones noted those who work for covered entities may submit a copy of their existing certification. Most Commissioners have said they are certified, but few have provided certification copies or expiration dates. For others, staff can provide information on training from UCLA and is working towards access to County training.
- Mr. O'Brien felt, as the Commission is not a covered entity, HIPAA certification is unneeded and could foster false perceptions that the Commission might view patient-level Private Health Information (PHI), which it cannot, or a false sense of security that HIPAA penalties apply if any confidence is breached, which they do not. He supported a Commission-specific training with appropriate penalties. Ms. DeAugustine and Mr. Goodman agreed.
- Mr. Vincent-Jones said the policy states that the Commission is not a covered entity. The Commission chose to follow HIPAA several years ago as it works with covered entities and collects patient-level PHI albeit it is blinded and aggregated prior to presentation. HIPAA impact and implications are also discussed routinely in planning.
- Mr. Page felt HIPAA training protects consumer Commissioners by informing them about available boundaries. Mr. Johnson added consumers often discuss matters with Commissioners, so training educates on confidentiality. Mr. Vincent-Jones noted this is similar to required training, such as on the Brown Act for education purposes.
- Mr. Chud felt training should be available as an option to increase knowledge, but felt it should not be required.
- Mr. Stewart confirmed that a two-thirds vote will be required if the policy passes and the body chooses to revise it later such as to reflect comments received during the public comment period.
- ➡ Staff will check consistency of training available on www.AIDS.gov. Send other site suggestions to staff for review.
- ➡ Mr. Vincent-Jones encouraged those with specific language recommendations to provide them in track-change format including language clarifying Commission status.

MOTION 5A: (Ceja) Call the question (**Passed: 15 Ayes; 6 Opposed; 1 Abstention**).

MOTION 5: Approve Policy/Procedure #08.1306 (Commission Compliance with the Health Insurance Portability and Accountability Act (HIPAA)) (**Passed: 11 Ayes; 7 Opposed; 4 Abstentions**).

3. HIV Services Roundtables:

- Mr. Land thanked Mr. Pérez and staff for their participation and response to consumers at the 4/20/2011 SPA 6 roundtable. Key consumer concerns raised were housing and treatment education.
- Mr. Liso reported the next roundtables will be 6/29/2011 for SPAs 4/5 and 8/4/2011 for SPA 7.

19. STANDING COMMITTEE REPORTS:

A. Standards of Care (SOC) Committee: Ms. Palmeros noted SOC hopes to begin standards publication 6/30/2011.

1. Pol. #05.8001: Grievance Process: This item was postponed to the June meeting.

2. Housing Case Management Standard of Care:

- Ms. Palmeros reported the Standard is being opened for public comment until 6/30/2011.
- First introduced 10/8/2011, the last public comment was received 12/2/2009. After 4/1/2010 review, SOC asked for more revisions, including incorporation of recent literature. SOC approved final revisions 5/3/2011 noted below:

- Changed “psychosocial assessment” to “comprehensive screening and referral” and described the latter;
- Further defined engagement and outreach;
- Added language on linkages to psychosocial case manager and benefits specialist functions, as appropriate;
- Added housing coordination language;
- Added outcomes and measurable indicators from HUD and HOPWA programs.

3. Residential Services Standards of Care:

- Ms. Pinney noted Dr. Younai presented on this standard the prior month. One public comment was received on the AIDS diagnosis eligibility requirement for Transitional Residential Care Facilities (TRCF) in the standard. The RFP for this service uses an HIV/AIDS diagnosis for eligibility. The standard has been revised for consistency with the RFP.
- Mr. Pérez noted that the Expert Review Panels (ERPs) listed in the standard often reflect staff and others who have long since become unaffiliated with their respective institutions, and suggested removing the lists from the standards.
- Mr. Vincent-Jones responded that it would be inappropriate to remove the lists as they reflect who participated in the ERPs and work groups, regardless of current affiliations. He added that the staff comment sections should reflect decision-making in the ERPs and since.
- ➡ Mr. Vincent-Jones will explore ways to indicate in the standards that institutional affiliations at the time of ERP participation may no longer be relevant with Mr. Carlos Vega-Matos.

MOTION 7: Approve the Residential Services Standards of Care (*Passed as part of the Consent Calendar*).

B. Joint Public Policy (JPP) Committee:

1. Legislative Docket 2011:

- Mr. Butler noted JPP did a thorough review. Positions were unanimous except for SB 531.
- Mr. Vincent-Jones recommended Motion 13, AB 1327, return to JPP as it changed significantly since the JPP review.
- Mr. Goodman said AB 491 (Motion 9) was significantly amended 5/10/2011 after JPP review. He strongly supports it as amended, but not the JPP-supported amendment to re-introduce deleted allocations language. While that language addresses concerns since 2009 on State allocations, he opposed legislating work best left to community planning, stakeholder input and public health entities. It could presage future problems. He supported either returning the bill to JPP or bifurcating the vote with a roll call on JPP amendment language.
- In response to a question, SB 810 (Leno), Single-Payer Health Care Coverage, is the same bill as one in 2010, which was already approved for support the.

MOTION 8: Support AB 310: Prescription Drugs (Ma), and forward recommended position to the Board of Supervisors, CEO and relevant departments (*Passed as part of the Consent Calendar; 1 Abstention*).

MOTION 9: Support AB 491: HIV Testing (Portantino), and recommended amendments (retain Section 120889, disbursement of funds by prevalence and incidence, and prohibit the calculation of other funding a jurisdiction receives in disbursement formulae), and forward recommended position to the Board of Supervisors, CEO and relevant departments (*Withdrawn*).

MOTION 10: Watch AB 499: Minors; Medical Care; Consent (Atkins/Ma), and forward recommended position to the Board of Supervisors, CEO and relevant departments (*Passed as part of the Consent Calendar; 1 Abstention*).

MOTION 11: Support AB 673: Office of Multicultural Health: LGBT Communities (Pérez/Lara), and forward recommended position to the Board of Supervisors, CEO and relevant departments (*Passed as part of the Consent Calendar; 1 Abstention*).

MOTION 12: Support AB 1300: Medical Marijuana (Blumenfield), and forward recommended position to the Board of Supervisors, CEO and relevant departments (*Passed as part of the Consent Calendar; 2 Abstentions*).

MOTION 13: Support AB 1327: Medi-Cal Services (Portantino), and recommended amendment (require access to specialists, including for HIV, in managed care plans), and forward recommended position to the Board of Supervisors, CEO and relevant departments (*Withdrawn*).

MOTION 14: Support AB 1382: HIV Counselors (Hernández), and forward recommended position to the Board of Supervisors, CEO and relevant departments (*Passed as part of the Consent Calendar; 1 Abstention*).

MOTION 15: Support SB 129: Medical Marijuana; Qualified Patients and Primary Caregivers; Employment Discrimination (Leno), and forward recommended position to the Board of Supervisors, CEO and relevant departments (*Passed as part of the Consent Calendar; 1 Abstention*).

MOTION 16: Watch SB 414: Health Facilities (Anderson), and forward recommended position to the Board of Supervisors, CEO and relevant departments (*Passed as part of the Consent Calendar; 1 Abstention*).

MOTION 17: Watch SB 422: Reporting of Certain Communicable Diseases (Wright), and forward recommended position to the Board of Supervisors, CEO and relevant departments (***Passed as part of the Consent Calendar; 1 Abstention***).

MOTION 18: Support SB 531: Search Warrants, HIV Testing (Rubio), and staff will seek clarification on use of court orders, and forward recommended position to the Board of Supervisors, CEO and relevant departments (***Passed as part of the Consent Calendar; 1 Abstention***).

MOTION 19: Support SB 757: Discrimination (Lieu), and forward recommended position to the Board of Supervisors, CEO and relevant departments (***Passed as part of the Consent Calendar; 1 Abstention***).

➡ Return AB 491 and 1327 to the JPP Committee for review given amended language.

➡ The JPP Committee will review a series of Health Care Reform-related bills at its next meeting.

2. **State FY 2011-2012 Budget:** There was no additional discussion.

3. **Federal FY 2010-2011 Budget:** There was no additional discussion.

C. Operations Committee:

1. **Membership Nominations:** There was no additional discussion.

MOTION 20: Approve the renewal nominations of Douglas Frye to the HIV Epidemiology seat, David Giugni to the City of West Hollywood seat, Michael Johnson to the SPA 8 Provider representative seat, and Lee Kochems to the District 4 Consumer representative seat, and forward to the Board of Supervisors for appointment to the Commission on HIV (***Passed as part of the Consent Calendar***).

2. **Revised Membership Applications:**

- The New and Committee Member Applications revisions were minimal and only updated language.
- Renewal Application questions 7 through 10 were revised. They encourage Commissioners to reflect on their service and how it might be improved. They ask Commissioners to discuss how others perceive their service, what the Commission can do to foster improvement, barriers to improving service, and a self-evaluation of effectiveness.
- Mr. Pérez asked why all applications include, e.g., whether someone has been convicted. Mr. Vincent-Jones noted the first part of the application is from the Commission. The last part is the County Statement of Qualifications and includes questions on offense(s). It is County-required for commission service and the part submitted for Board approval.
- He added that the Commission has had to work with County Counsel to ensure incarceration experience does not preclude HIV Commission service, given that it is a HRSA requirement.

MOTION 21: Approve revisions to the New Member, Renewal and Committee Member applications, as presented (***Passed as part of the Consent Calendar***).

3. **Pol. #09.4205: Commission Member Evaluation/Nomination:**

- Operations approved additions/revisions noted below and opened the policy for public comment until 5/31/2011:
 - Page 2, Procedure 4, Candidate Interviews, continues interview of all new candidates and adds language confirming current practice that Operations or a candidate may request an interview for renewing candidates;
 - Page 2, Procedure 7, Scoring Forms, these were previously updated and are now being included in the policy;
 - Page 3, Procedure 8, Qualification Status, increases "Qualified" eligibility threshold from 30 to 35 points;
 - Page 3, Procedure 9, New Member Candidate Eligibility, uses the higher "Qualified" eligibility threshold;
 - Page 3, Procedure 10, Renewal Member Candidate Eligibility, uses the higher "Qualified" eligibility threshold and adds an "Eligible (for renewal)" designation that entails fulfillment of member requirements such as attendance, participation in primary committee, training and Plan of Corrective Action (PCA) if pertinent;
 - Page 4, Procedure 15, "Unaffiliated" and "Reflectiveness" Requirements, reflect HRSA requirements;
 - Page 5, Procedure 18, Conditional Nomination(s), conditions pertain to training requirements and PCA completion, if pertinent;
 - Page 6, Procedure 22, Training Requirements, reflects training required prior to forwarding new candidate nominations to the Commission for appointment and subsequent trainings expected before a candidate is eligible for renewal.

4. **Pol. #09.4203: Membership Applications:** This item was postponed.

5. **Pol. #09.4204: Candidate Interviews:**

- Operations approved revisions that mainly update language for the policy on interviewing all new candidates and, at the Committee's discretion, renewal candidates, and opened the policy for public comment until 5/31/2011.

- Ms. Watt asked about renewal interview criteria. Mr. Vincent-Jones clarified they are at Operations' discretion or renewing candidate request, per current practice. Common reasons for the Operations Committee requesting an interview may include, but are not limited to, past member performance, clarifying application answers, need for further training/improvement, questions related to representation, etc.

6. Commission New Member Orientation: Mr. Ceja noted the Orientation that afternoon from 2:00 to 4:00 pm.

D. Priorities & Planning (P&P) Committee:

- Mr. Ballesteros noted P&P met twice since the last Commission meeting. David Young, Chief, Financial Services, OAPP, presented 4/26/2011 a partial 2009 annual financial report and financial expenditures for 2010. He will return in June with additional information on those as well as 2008 data. Mr. Vega-Matos presented 5/10/2011 on the 2009 Year-End Service Utilization Report.
- 1. **Pol. #09.5203: P-and-A Process:** Mr. Ballesteros noted no public comments were received. P&P changed the Year Two P-and-A process description from "abbreviated" to "mid-cycle" and added a timeline chart.
MOTION 22: (Ballesteros/Butler) Approve Policy/Procedure #09.5203 (Priority- and Allocation-Setting Framework and Process) **(Passed by Consensus).**
- 2. **FYs 2011/2012 Priority- and Allocation-Setting:** There was no additional discussion.

20. PUBLIC HEALTH/HEALTH CARE AGENCY REPORTS: There were no reports.

21. SPA/DISTRICT REPORTS:

- Ms. White said new By-Laws will be presented at the June SPA 6 meeting as part of its infrastructure development.
- She reported she resigned as Chair on 5/10/2011. Nominations for all seats will open in June. All complimented her work.
- Mr. Rivera noted SPA 2 meets the first Thursday of the month, 2:00 to 4:00 pm, at the Valley Community Clinic. There are regular trainings, such as last month's training on reading laboratory reports. Both consumers and providers are welcome.

22. COMMISSION COMMENT:

- Mr. Ballesteros sent a comment to Dr. Katz, Director, DHS, with copies to Mr. Johnson and Mr. Pérez recommending providers engage in LGBT community outreach for 1115 Waiver program enrollment since primary care supports HIV testing and prevention. Dr. Katz replied with support, so Mr. Ballesteros urged providers to follow through.
- Mr. Butler thanked Consumer Caucus members who helped him write an article for the quarterly SPA 8 care newsletter and a Caucus training module. He reminded all Commissioners to work creatively on member recruitment, especially for consumers.

23. ANNOUNCEMENTS:

- The 28th Long Beach Lesbian and Gay Pride will be 5/21-22/2011.
- Mr. Giugni said Tom West retired as City of West Hollywood City Clerk on 5/12/2011. He preceded Mr. Giugni in the seat.
- Mr. Goodman said Common Ground and UCLA Care will be honored by the Entertainment AIDS Alliance (EAA), 6/24/2011, Skirball Center. Tickets are \$35 and \$135 for all access and a gift bag. Common Ground is a permanent beneficiary of EAA.

24. ADJOURNMENT: Mr. Johnson adjourned the meeting at 1:00 pm.

- A. Roll Call (Present):** Bailey, Ballesteros, Butler, Ceja, DeAugustine, Giugni, Goodman, Green, James, Johnson, Kochems, Land, Liso/Chud, Long, Lopez, Mendia, O'Brien, Orozco/Kelly, Palmeros, Pérez, Peterson, Rivera, Watt.

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| MOTION AND VOTING SUMMARY | | |
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| MOTION 1: Approve Agenda Order. | <i>Passed by Consensus</i> | MOTION PASSED |
| MOTION 2: Approve minutes from the 4/14/2011 Commission on HIV meeting. | <i>Passed by Consensus</i> | MOTION PASSED |
| MOTION 3: Approve the Consent Calendar with Items 4, 5, 6, 9 and 13 pulled. | <i>Passed by Consensus</i> Abstentions: Long and Palmeros, Item 12; Long, Items 8, 10-11 and 14-19 | MOTION PASSED Abstentions: 2, Item 12; 1, Items 8, 10-11 and 14-19 |
| MOTION 4: Approve Policy/Procedure #08.3107 (Consumer Definitions and Related Rules and Requirements). | Ayes: Bailey, Ballesteros, Butler, Ceja, DeAugustine, Giugni, Green, James, Johnson, Kochems, Land, Liso, Long, Lopez, Mendia, O'Brien, Orozco, Page, Palmeros, Peterson, Rivera Opposed: Goodman Abstentions: None | MOTION PASSED Ayes: 21 Opposed: 1 Abstentions: 0 |
| MOTION 5A (Ceja): Call the question (Motion 5). | Ayes: Bailey, Ballesteros, Butler, Ceja, Giugni, Green, James, Land, Liso, Lopez, Mendia, Orozco, Page, Palmeros, Rivera Opposed: DeAugustine, Johnson, Goodman, Kochems, O'Brien, Peterson Abstention: Long | MOTION PASSED Ayes: 15 Opposed: 6 Abstention: 1 |
| MOTION 5: Approve Policy/Procedure #08.1306 (Commission Compliance with the Health Insurance Portability and Accountability Act (HIPAA)). | Ayes: Bailey, Butler, Green, James, Johnson, Kochems, Land, Lopez, Mendia, Page, Rivera Opposed: DeAugustine, Giugni, Goodman, Liso, O'Brien, Palmeros, Peterson Abstention: Ballesteros, Ceja, Long, Orozco | MOTION PASSED Ayes: 11 Opposed: 7 Abstentions: 4 |
| MOTION 6: Approve the formation of the Latino Caucus and the proposed FY 2011 Latino Caucus Work Plan. | <i>Withdrawn</i> | MOTION WITHDRAWN |
| MOTION 7: Approve the Residential Services Standards of Care. | <i>Passed as part of the Consent Calendar</i> | MOTION PASSED |
| MOTION 8: Support AB 310: Prescription Drugs (Ma), and forward recommended position to the Board of Supervisors, CEO and relevant departments. | <i>Passed as part of the Consent Calendar</i> Abstention: Long | MOTION PASSED Abstention: 1 |
| MOTION 9: Support AB 491: HIV Testing (Portantino), and recommended amendments (retain Section 120889, disbursement of funds by prevalence and incidence, and prohibit the calculation of other funding a jurisdiction receives in disbursement formulae), and forward recommended position to the Board of Supervisors, CEO and relevant departments. | <i>Withdrawn</i> | MOTION WITHDRAWN |
| MOTION 10: Watch AB 499: Minors; Medical Care; Consent (Atkins/Ma), and forward recommended position to the Board of Supervisors, CEO and relevant departments. | <i>Passed as part of the Consent Calendar</i> Abstention: Long | MOTION PASSED Abstention: 1 |
| MOTION 11: Support AB 673: Office of Multicultural Health: LGBT Communities (Pérez/Lara), and forward recommended position to the Board of Supervisors, CEO and relevant departments. | <i>Passed as part of the Consent Calendar</i> Abstention: Long | MOTION PASSED Abstention: 1 |
| MOTION 12: Support AB 1300: Medical Marijuana (Blumenfield), and forward recommended position to | <i>Passed as part of the Consent Calendar</i> Abstentions: Long, Palmeros | MOTION PASSED Abstentions: 2 |

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| MOTION AND VOTING SUMMARY | | |
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| the Board of Supervisors, CEO and relevant departments. | | |
| MOTION 13: Support AB 1327: Medi-Cal Services (Portantino), and recommended amendment (require access to specialists, including for HIV, in managed care plans), and forward recommended position to the Board of Supervisors, CEO and relevant departments. | <i>Withdrawn</i> | MOTION WITHDRAWN |
| MOTION 14: Support AB 1382: HIV Counselors (Hernández), and forward recommended position to the Board of Supervisors, CEO and relevant departments. | <i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long | MOTION PASSED Abstention: 1 |
| MOTION 15: Support SB 129: Medical Marijuana; Qualified Patients and Primary Caregivers; Employment Discrimination (Leno), and forward recommended position to the Board of Supervisors, CEO and relevant departments. | <i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long | MOTION PASSED Abstention: 1 |
| MOTION 16: Watch SB 414: Health Facilities (Anderson), and forward recommended position to the Board of Supervisors, CEO and relevant departments. | <i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long | MOTION PASSED Abstention: 1 |
| MOTION 17: Watch SB 422: Reporting of Certain Communicable Diseases (Wright), and forward recommended position to the Board of Supervisors, CEO and relevant departments. | <i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long | MOTION PASSED Abstention: 1 |
| MOTION 18: Support SB 531: Search Warrants, HIV Testing (Rubio), and staff will seek clarification on use of court orders, and forward recommended position to the Board of Supervisors, CEO and relevant departments. | <i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long | MOTION PASSED Abstention: 1 |
| MOTION 19: Support SB 757: Discrimination (Lieu), and forward recommended position to the Board of Supervisors, CEO and relevant departments. | <i>Passed as part of the Consent Calendar</i> <i>Abstention:</i> Long | MOTION PASSED Abstention: 1 |
| MOTION 20: Approve the renewal nominations of Douglas Frye to the HIV Epidemiology seat, David Giugni to the City of West Hollywood seat, Michael Johnson to the SPA 8 Provider representative seat, and Lee Kochems to the District 4 Consumer representative seat, and forward to the Board of Supervisors for appointment to the Commission on HIV. | <i>Passed as part of the Consent Calendar</i> | MOTION PASSED |
| MOTION 21: Approve revisions to the New Member, Renewal and Committee Member applications, as presented. | <i>Passed as part of the Consent Calendar</i> | MOTION PASSED |
| MOTION 22 (Ballesteros/Butler): Approve Policy/Procedure #09.5203 (Priority- and Allocation-Setting Framework and Process). | <i>Passed by Consensus</i> | MOTION PASSED |